CHRONIC TOXICITY SUMMARY

CHLOROBENZENE

(monochlorobenzene; benzene chloride; benzene monochloride; chlorbenzene; chlorbenzol; phenyl chloride)

CAS Registry Number: 108-90-7

I. Chronic Toxicity Summary

Inhalation reference exposure level	**1000** µg/m^3 (300 ppb)
Critical effect(s)	Increased liver weights, hepatocellular hypertrophy, renal degeneration and inflammation, and testicular degeneration in rats
Hazard index target(s)	Alimentary system; kidney; reproductive system

II. Physical and Chemical Properties Summary (HSDB, 1995; CRC, 1994)

Description	Colorless, neutral liquid
Molecular formula	C_6H_5Cl
Molecular weight	112.56 g/mol
Boiling point	132°C
Melting point	–45.2°C
Vapor pressure	11.8 torr at 25°C
Solubility	Practically insoluble in water (0.049 g/100 ml); soluble in alcohol, benzene, chloroform, diethyl ether
Conversion factor	1 ppm = 4.60 mg/m^3 at 25 °C

III. Major Uses and Sources

As one of the most widely used chlorinated benzenes, mono-chlorobenzene has been a major chemical for at least 50 years. It was historically important in the manufacture of chlorinated pesticides, especially DDT, and in the production of phenol and aniline. Monochlorobenzene's principal current use is as a chemical intermediate in the production of chemicals such as nitrochlorobenzenes and diphenyl oxide. These chemicals are subsequently used in the production of herbicides, dyestuffs, and rubber chemicals. Additionally, monochlorobenzene is used as a solvent in degreasing processes (e.g., in metal cleaning operations), paints, adhesives, waxes and polishes (HSDB, 1995; NIOSH, 1993). The annual statewide industrial emissions from facilities reporting under the Air Toxics Hot Spots Act in California based on the most recent inventory were estimated to be 29,451 pounds of chlorobenzene (CARB, 2000).

IV. Effects of Human Exposure

Even though monochlorobenzene has been used industrially for many years, few epidemiologic and/or occupational studies have addressed the potential health status of workers chronically exposed to monochlorobenzene (NIOSH, 1993). A Russian occupational study (Rozenbaum *et al.*, 1947, as reported by the U.S. EPA, 1988) describes multiple central nervous system effects, including headache, numbness, dizziness, cyanosis, hyperesthesia, and muscle spasms, after intermittent exposure over 2 years to monochlorobenzene in a mixed chemical environment. No specific exposure levels or histopathologic data were reported.

Two small studies utilizing volunteers exposed to single doses of monochlorobenzene have reported central nervous system effects (Ogata *et al.*, 1991; Tarkhova, 1965). An exposure chamber study of five volunteers exposed up to 60 ppm monochlorobenzene (276 mg/m^3) for a single 7 hour exposure described acute subjective symptoms such as drowsiness, headache, eye irritation, and sore throat (Ogata *et al.*, 1991). One other human volunteer study described altered electrical activity of the cerebral cortex in four individuals exposed to 43.4 ppm monochlorobenzene vapors for 2.5 minutes (Tarkhova, 1965).

V. Effects of Animal Exposure

No chronic inhalation studies have evaluated the toxicity of monochlorobenzene. Only a single, oral chronic carcinogenicity study (NTP, 1985) has evaluated the long-term adverse affects of monochlorobenzene administration. However, a few subchronic inhalation studies have demonstrated adverse effects on the liver, the kidney, and, to a lesser extent, blood parameters following monochlorobenzene exposure over a period of weeks or months (Dilley, 1977; John *et al.*, 1984; Nair *et al.*, 1987).

One subchronic study evaluated Sprague-Dawley male rats and rabbits exposed to 0, 75, or 200 ppm of monochlorobenzene for 7 hr/day, 5 days/week, for up to 24 weeks (Dilley, 1977). In rats, monochlorobenzene-related toxicity included increased absolute and relative (to brain- or body-weight) organ weights (especially the liver) after 11 and 24 weeks of exposure (LOAEL 75 ppm). Male rabbits also demonstrated increases in liver weight after 24 weeks of exposure (LOAEL = 75 ppm). Some hematological changes were reported in rats including differences in platelet and reticulocyte counts between control and exposed animals; however, some changes observed at 11 weeks were variable and comparable to controls at 24 weeks (red blood cell count, hemoglobin, hematocrit, and white blood cell count). Pathological changes were observed in rats, with occasional focal lesions in the adrenal cortex, tubular lesions in the kidneys, and congestion in the liver and kidneys.

Two other subchronic inhalation studies reported adverse organ effects following monochlorobenzene exposure in rats and rabbits (John *et al.*, 1984; Nair *et al.*, 1987). In the first study, John *et al.* (1984) reported increased liver weights in rats and rabbits following short-term (10 or 13 day, 6 hours/day) monochlorobenzene exposure (LOAEL = 590 ppm in rats and 210 ppm in rabbits). Nair *et al.* (1987) exposed male and female Sprague-Dawley rats to 0, 50, 150, or 450 ppm monochlorobenzene vapors daily for 6 hours over 10-11 weeks prior to mating, and

up to day 20 of gestation for 2 generations. Nair *et al*. found dose-related changes in the livers, kidneys, and testes in both generations of males (F_0 and F_1). Hepatotoxicity occurred as hepatocellular hypertrophy and increased liver weights (mean and absolute) at concentrations greater than 50 ppm (LOAEL = 150 ppm). At this concentration (150 ppm), renal changes included tubular dilation, interstitial nephritis, and foci of regenerative epithelium. Testicular degeneration of the germinal epithelium occurred in both generations of exposed males, but no chlorobenzene-induced adverse effects on reproductive performance or fertility were seen.

VI. Derivation of Chronic Reference Exposure Level (REL)

Study	Nair *et al.* (1987)
Study population	Sprague-Dawley rats (30/sex/group)
Exposure method	Discontinuous inhalation exposures (0, 50, 150, and 450 ppm)
Critical Effects	Increases in absolute and relative liver weights (F_0 and F_1 both sexes), hepatocellular hypertrophy (F_0 and F_1 males), renal degeneration and inflammation (F_0 and F_1 both sexes), testicular degeneration (F_0 and F_1 males).
LOAEL	150 ppm
NOAEL	50 ppm
Exposure continuity	6 hours/day, 7 days/week
Exposure duration	11 weeks
Average experimental exposure	13 ppm for NOAEL group (50 x 6/24)
Human equivalent concentration	26 ppm (gas with systemic effects, based on RGDR = 2.0 for lambda (a) : lambda (h)) (Gargas *et al*., 1989)
LOAEL uncertainty factor	1
Subchronic uncertainty factor	3
Interspecies uncertainty factor	3
Intraspecies uncertainty factor	10
Cumulative uncertainty factor	100
Inhalation reference exposure level	0.3 ppm (300 ppb; 1.0 mg/m^3, 1000 $\mu g/m^3$)

Of the three inhalation studies available (Dilley, 1977; John *et al.*, 1984; Nair *et al.*, 1987), the Nair *et al.* (1987) two generational developmental study was selected for identifying a NOAEL and LOAEL. It best presented the histopathology of the adverse effects, and demonstrated a dose response relationship for these effects (statistically significant increases in mean liver weights, incidence of renal changes, and testicular degeneration).

Another subchronic inhalation study (Dilley, 1977) also observed increases in organ weights, including the liver, in rats after 11 and 24 weeks exposure to 75 and 250 ppm monochlorobenzene (LOAEL = 75 ppm), and in rabbits at 24 weeks. Similar adverse liver and kidney effects were found in subchronic oral bioassays (Kluwe *et al.*, 1985; NTP, 1985). These

include increases in liver weight and hepatocellular degeneration in rats (LOAEL = 125 mg/kg/day) and mice (LOAEL = 250 mg/kg/day), and renal necrosis and degeneration in rats (LOAEL = 500 mg/kg/day) and mice (LOAEL = 250 mg/kg/day) after 13 weeks oral exposure to chlorobenzene.

Uncertainty factors are appropriate due to the lack of chronic studies, both animal bioassay and human, and the limited number of subchronic inhalation studies, thereby requiring estimation of the chronic REL from this shorter term, single species study. The magnitude of interspecies variation remains unknown, as few species have been tested and human data for comparison are lacking. However, metabolic studies have demonstrated species variation in the urinary elimination of chlorobenzene metabolites (Ogata and Shimada 1983; Ogata *et al.*, 1991; Yoshida *et al.*, 1986). Humans metabolize and excrete chlorobenzene predominately as free and conjugated forms of 4-chlorocatechol and chlorophenols, while the main rodent urinary metabolite, p-chlorophenylmercapturic acid, is found in minor amounts (<0.5%). No information exists which identifies human subpopulations possibly susceptible to monochlorobenzene exposure.

For comparison with the proposed REL, a REL can be derived from the 24 week LOAEL of 75 ppm for liver effects (Dilley, 1977). The LOAEL is equivalent to a continuous exposure LOAEL of 15.6 ppm. Multiplying by the RGDR of 2 and dividing by a cumulative UF of 100 (3 for LOAEL, 3 for interspecies and 10 for intraspecies) also yields an estimate of 300 ppb.

VII. Data Strengths and Limitations for Development of the REL

The strengths of the inhalation REL for chlorobenzene include the observation of a NOAEL, the availability of subchronic inhalation exposure data from a well-conducted study with histopathological analysis, and the demonstration of a dose-response relationship. Major areas of uncertainty are the lack of adequate human exposure data and limited reproductive toxicity data.

VIII. References

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